

1. Agency Troy Police Bureau				2. Division/Preinct Troy Cit				New York State INCIDENT REPORT				3. ORI NY 0410201		4. <input checked="" type="checkbox"/> Orig <input type="checkbox"/> Supp		5. Case No. 131212		6. Incident No. 049429																																																																																									
7. Report Day Sunday		8. Date 12 23 2012		9. Report Time 01:25		10. Day Sun		11. Date 12 23 2012		12. Time 01:25		13. Day Sun		14. Date 12 23 2012		15. Time 01:31																																																																																											
16. Incident Type ARR Arrest						17. Business Name _____						18. Weapon(s) _____																																																																																															
19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.) Broadway At Franklin St										20. City, State, Zip (<input checked="" type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> V) Troy NY 12180				21. Location Code _____																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>22. Off. No.</th> <th>LAW</th> <th>SECTION</th> <th>SUB</th> <th>CT</th> <th>CAT</th> <th>DEG</th> <th>ATT</th> <th>NAME OF OFFENSE</th> <th>CYS</th> <th>23. No. of Victims</th> </tr> <tr> <td>1</td> <td>PL</td> <td>205.30</td> <td>00</td> <td>A</td> <td>M</td> <td>0</td> <td></td> <td>RESIST ARREST-Intentionally Prev</td> <td>2</td> <td>0</td> </tr> <tr> <td>2</td> <td>PL</td> <td>240.26</td> <td>01</td> <td></td> <td>V</td> <td>2</td> <td></td> <td>HARASSMENT 2ND-Physical Contact</td> <td>2</td> <td>24. No. of Suspects</td> </tr> <tr> <td>3</td> <td>PL</td> <td>240.20</td> <td>01</td> <td></td> <td>V</td> <td>0</td> <td></td> <td>DISORD CONDUCT-Fighting, Violent</td> <td>2</td> <td>47</td> </tr> </table>																		22. Off. No.	LAW	SECTION	SUB	CT	CAT	DEG	ATT	NAME OF OFFENSE	CYS	23. No. of Victims	1	PL	205.30	00	A	M	0		RESIST ARREST-Intentionally Prev	2	0	2	PL	240.26	01		V	2		HARASSMENT 2ND-Physical Contact	2	24. No. of Suspects	3	PL	240.20	01		V	0		DISORD CONDUCT-Fighting, Violent	2	47																																														
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<p>73. On above date time and location RO observed the above parties A1 and A2 involved in a verbal argument. Ro attempted to investigate the domestic incident when A1 punched an uninvolved male party on the sidewalk. Ro attempted to place A1 into custody when A2 struck Ro trying to prevent Ro from arresting A1. A1 then fled on foot in the Franklin Street alley towards State Street. After a brief foot pursuit and the assistance of K9-5 A1 was placed into custody. A1 transported to CS by 101. A2 was placed into custody and transported to CS. A1 did sustain an injury consisting of a laceration on the top of his head however it's unclear when the injury occurred. A1 was treated by TFD and refused all medical attention. Photo's of A1's injury secured with the desk camera. A1 and A2 were both released on an appearance ticket to appear in TCC.</p> <p>A1 and A2 are married. Ro completed a 3221 as well with same Control #</p>																																																																																																											
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	<div style="float: right; text-align: right;"> B use cover sheet 84. 28 Page of 2 Pages </div>																							

1. NYSID No.		2. OBT3 No.		New York State ARREST REPORT		3. Case No.		4. Ref. No.																																																								
9757094Q						131212		131212																																																								
5. FBI No.		6. Arrest No.		7. Agency		8. Division / Precinct		4a.																																																								
640614PBO		127691		Troy Police Bureau		Troy City/Zone 1																																																										
9. Name (Last, First, Middle)					10. Alias / Nickname / Maiden Name (Last, First, Middle)					11. Phone Number																																																						
FOGARTY Jr, FRANCIS A																																																																
12. Street Number and Name, Building No., Apt. No.					13. City, State, Zip (C <input type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/>)					14. Residence Status <input type="checkbox"/> Resident <input type="checkbox"/> Foreign Non-Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unk					15. Place of Birth Troy, NY																																																	
16. Date of Birth		17. Age		18. Sex		19. Race		20. Ethnic		21. Skin		22. Height		23. Weight		24. Hair		25. Eyes		26. Glasses		27. Build		28. Marital Status		29. U.S. Citizen		30. Citizen of																																				
		29 YRS		<input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other <input type="checkbox"/> Unknown		5' 9"		140		BRO		BRO		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Contacts <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		USA																																						
31. Social Security No.					32. Education					33. Religion					34. Occupation					35. Employed					36. Scars / Marks / Tattoos (Describe)																																							
					9					Catholic					Construction					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																												
37. Arresting Officer					38. ID No.					39. Assisting Officer					40. ID No.					41. Arrest Date					42. Time					43. Location of Arrest (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/>)																																		
JONES, KYLE					7840															12/23/2012					01:31					State St At Franklin Alley Troy, NY 12180																																		
44. Juvenile					45. Condition of Defendant at Arrest					46. Weapon(s) at Arrest					47. Co-defendants Arrest No.																																																	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input checked="" type="checkbox"/> Impaired Alce <input type="checkbox"/> Inj/ill																																																											
48. Miranda					49. Miranda By					50. Miranda Date					51. Miranda Time					52. Statements					53. Status					54. Search Warrant					55. ID Procedure																													
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				<input type="checkbox"/> Written <input checked="" type="checkbox"/> None <input type="checkbox"/> Verbal					<input type="checkbox"/> Bail <input checked="" type="checkbox"/> Probation					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<input type="checkbox"/> Line-Up <input type="checkbox"/> Show Up <input type="checkbox"/> Photo																													
56. Arraignment Court					57. Arraignment Judge					58. Date					59. Time					60. Property					61. Evidence					61a. Processed By					61b. Disposition																													
TCC					Residing					12/23/12					8:30am					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																							
62. Incident No.					63. Arrestee Status					64. Bail Amount					65. Bondman					66. Photo No.																																												
1-12-49429					<input type="checkbox"/> Cash Bail <input type="checkbox"/> ROR <input type="checkbox"/> Police Bail <input type="checkbox"/> Held <input type="checkbox"/> Bail Bond <input checked="" type="checkbox"/> App Tkl <input type="checkbox"/> Rel to 3rd Party																																																											
67. Arrest Type					68. Warrant No.					69. Arrest POA					70. Other Agency					71. P / P Taken																																												
<input type="checkbox"/> OP <input type="checkbox"/> PW <input type="checkbox"/> JW <input type="checkbox"/> SUM <input checked="" type="checkbox"/> CIP <input type="checkbox"/> COMP <input type="checkbox"/> EC <input type="checkbox"/> VOP <input type="checkbox"/> BW <input type="checkbox"/> AW <input type="checkbox"/> OT										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																												
72. Location of Offense (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/>)					73. Offense Date					74. No. Offenders					75. No. Victims					76. Return Court					77. Return Judge					78. Return Date					79. Time																													
Broadway At Franklin St Troy NY 12180					12/23/2012					1																																																						
80. Defendant / Case TOT Agency					80a. Officer's Name					80b. ID No.					81. Time					82. Date																																												
83. LAW					Article & Section					SUB					CL					EAT					DEG					ATT					NAME OF OFFENSE					CTS					NCIC code					VICTIM					ASSOC. NO.					TYPE				
PL					205.30					00					A					M					0					A					RESIST ARREST-Intentiona					1					4 8 0 1															<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTL				
PL					240.26					01										V					2					A					HARASSMENT 2ND-Physical					1					7 0 9 9															<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTL				
PL					240.20					01										V					0					A					DISORD CONDUCT-Fighting					1					5 3 1 1															<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTL				
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Agency	Tray PD		ORI	0410208		NEW YORK STATE DOMESTIC INCIDENT REPORT		Sprint # (NYC)	Incident #		131212				
Month	Day	Year	Time (24 hrs)	Address of Occurrence				APT #	Precinct (NYC)	Aided # (NYC)	Complaint #				
12	23	12	0125	Broadway and Franklin St Alley											
Report	Month	Day	Year	How can we safely contact you? (e.g. Name, Phone)				<input checked="" type="radio"/> Officer-Initiated <input type="radio"/> Radio Run <input type="radio"/> Walk-In							
12	23	12	0125												
Name (Last, First, M.I.) / (include aliases)								DOB	Month	Day	Year	Age	<input type="radio"/> Male <input checked="" type="radio"/> Female		
Fogarty, Sarah S.												25			
Street & City								If non-English, language: <input type="radio"/> Spanish <input type="radio"/> Chinese <input type="radio"/> Other:							
Injured? <input type="radio"/> No <input type="radio"/> Yes								Removed to Hospital? <input type="radio"/> No <input type="radio"/> Yes If yes, what hospital?	<input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Asian <input type="radio"/> Hispanic <input type="radio"/> American Indian <input type="radio"/> Other:	Notes (e.g. special needs, disability, requests):					
Describe:															
Name (Last, First, M.I.) / (include aliases)								DOB	Month	Day	Year	Age	<input type="radio"/> Male <input type="radio"/> Female		
Fogarty, Francis A. Jr.												29			
Street & City								If non-English, language: <input type="radio"/> Spanish <input type="radio"/> Chinese <input type="radio"/> Other:							
Injured? <input type="radio"/> No <input type="radio"/> Yes								Removed to Hospital? <input type="radio"/> No <input type="radio"/> Yes If yes, what hospital?	<input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Asian <input type="radio"/> Hispanic <input type="radio"/> American Indian <input type="radio"/> Other:	Prior DV History? <input type="radio"/> Yes <input checked="" type="radio"/> No					
Describe:								Prior DV police report? <input type="radio"/> Yes <input checked="" type="radio"/> No							
SUSPECT/P2 present? <input checked="" type="radio"/> Yes <input type="radio"/> No								LIVING SITUATION				RELATIONSHIP: (SUSPECT / P2 to VICTIM / P1)			
								Do parties currently live together? <input checked="" type="radio"/> Yes <input type="radio"/> No				<input checked="" type="radio"/> Married <input type="radio"/> Formerly Married			
								IF NO, have they lived together in the past? <input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Intimate Partner/Dating <input type="radio"/> Former Intimate/Dating			
								Do the parties have a child-in-common? <input checked="" type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Child of victim/party 1 <input type="radio"/> Parent of victim/party 1			
												<input type="radio"/> Relative: <input type="radio"/> Other:			
1. Name (Street / APT# / City, if needed)								Phone	DOB	Month	Day	Year	Relationship to victim / P1		
SUSPECT ACTIONS								Threats: (specify)				Threat with weapon			
<input type="radio"/> Biting <input type="radio"/> Destroyed Property (Estimated \$) <input type="radio"/> Forced Entry <input type="radio"/> Forceful Restraint <input type="radio"/> Hair Pulling <input type="radio"/> Homicide								<input type="radio"/> Impaired Alcohol/Drugs <input type="radio"/> Injury to Child <input type="radio"/> Injury to Other Persons <input type="radio"/> Injury to Pet/Animal <input type="radio"/> Interference with Phone <input type="radio"/> Intimidation/Coercion <input type="radio"/> Kicking <input type="radio"/> Punching				<input type="radio"/> Pushing <input type="radio"/> Sexual Assault <input type="radio"/> Shooting <input type="radio"/> Slapping <input type="radio"/> Slamming Body <input type="radio"/> Stabbing <input type="radio"/> Strangulation/"Choking" <input type="radio"/> Suicide or Attempt			
								<input type="radio"/> Threw Items <input type="radio"/> Unwanted Contact <input checked="" type="radio"/> Verbal Abuse <input type="radio"/> Violated Visitation/ Custody Conditions <input checked="" type="radio"/> OTHER Suspect Actions: Argument				<input type="radio"/> Injure/Kill Persons <input type="radio"/> Injure/Kill Self <input type="radio"/> Injure/Kill Pet/Animal <input type="radio"/> Take Child <input type="radio"/> Destroy/Take Property <input type="radio"/> Other:			
												<input type="radio"/> Weapons used: (specify) <input type="radio"/> Blunt Object <input type="radio"/> Gun <input type="radio"/> Motor Vehicle <input type="radio"/> Sharp Instrument <input type="radio"/> Other:			
Arrest Made? <input type="radio"/> Yes <input checked="" type="radio"/> No								Reasons arrest not made on-scene: <input checked="" type="radio"/> No Offense Committed <input type="radio"/> No Probable Cause <input type="radio"/> Suspect Off-Scene							
								<input type="radio"/> Warrant/Criminal Summons to be requested <input type="radio"/> Violation level: not in police presence (no citizen's arrest) <input type="radio"/> Other:							
Offenses								Law (e.g. P.S.)	Section (Sub)	Charges Filed	Offenses Involved: (check all that apply) <input type="radio"/> Felony <input type="radio"/> Misdemeanor <input type="radio"/> Violation <input type="radio"/> Other (Specify)				
											Registry Checked? <input checked="" type="radio"/> Yes <input type="radio"/> No				
											Order of Protection? <input type="radio"/> Yes <input checked="" type="radio"/> No				
											Stay Away Order? <input type="radio"/> Yes <input checked="" type="radio"/> No				
											Order Violated? <input type="radio"/> Yes <input checked="" type="radio"/> No				
											Any PRIOR orders? <input type="radio"/> Yes <input checked="" type="radio"/> No				
											Expiration Date Month Day Year				
STOP! COMPLETE STATEMENT ON PAGE 2 NEXT															
Photos Taken? <input type="radio"/> Yes <input checked="" type="radio"/> No															
IF YES, photos taken of: <input type="radio"/> Victim Injuries <input type="radio"/> Suspect Injuries <input type="radio"/> Scene <input type="radio"/> Damaged Property <input type="radio"/> Other:															
Other evidence collected? <input type="radio"/> Yes <input checked="" type="radio"/> No															
IF YES, describe:															
Results of investigation and basis of action taken. (Were excited utterances, spontaneous admissions or spontaneous statements made?) <input type="radio"/> Yes <input checked="" type="radio"/> No (Complete 710.30 or other form when applicable).															
P1 and P2 involved into in a verbal argument. Ro attempted to investigate this incident when P2 got into a fight with an unknown male not involved in this incident.															
Any Guns in House? <input type="radio"/> Yes <input checked="" type="radio"/> No Any Guns Seized? <input type="radio"/> Yes <input checked="" type="radio"/> No Household Member Has Pistol Permit? <input type="radio"/> Yes <input checked="" type="radio"/> No Permit Seized? <input type="radio"/> Yes <input checked="" type="radio"/> No															
Permit #(s): Issuing County: Name on Permit(s):															
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment, or endangerment? <input type="radio"/> Yes <input checked="" type="radio"/> No															
IF YES, officer must contact the NYS CHILD ABUSE HOTLINE REGISTRY # 1-800-635-1522															
IS SUSPECT ON PAROLE OR PROBATION? <input type="radio"/> Probation <input type="radio"/> Parole <input type="radio"/> Not Supervised <input type="radio"/> Status Unknown															
CONTACTS INITIATED BY POLICE: <input type="radio"/> Domestic Violence Services <input type="radio"/> Child Protective Services (or ACS) <input type="radio"/> Other Agency: Refused															
Officer's Signature (& Rank) (PRINT and SIGN) LD 7840 Month Day Year 12 23 12															
Supervisor's Signature (& Rank) (PRINT and SIGN) 359 12 23 12															
1. Was DIR given to the victim at the scene? <input type="radio"/> Yes <input checked="" type="radio"/> No															
2. Was Victim Rights Notice given to victim? <input type="radio"/> Yes <input checked="" type="radio"/> No															
IF NO, give reason: No victim															
POLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC VIOLENCE HOTLINE ENGLISH: 1-800-942-6906 SPANISH: 1-800-942-6908 3221-05/2011 DCJS Copyright © 2011 by NYS DCJS															

ORI CU10200	Sprint # (NYC) —	Incident # 131212	Preincident survey/CTV —	Aided # (NYC) —	Complaint # —
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**Page 2 of the NYS Domestic Incident Report:
STATEMENT OF ALLEGATIONS / SUPPORTING DEPOSITION**

Suspect Name (Last, First, M.I.)

Fogarty, Francis A. JR.

I, Sarah S. Fogarty (victim/deponent name), state that on 12/23/12, (date) at Bronx or Yo, Franklin St. Alex (nombre de victima/deponente), declaro que en tal fecha 12/23/12 en Franklin St. Alex

(location of incident), in the County City/Town/Village of Troy, of the state of New York, the following did occur: (donde el incidente ocurrio), el condado/ciudad/aldea/pueblo de Troy, del estado de Nueva York, lo siguiente ocurrio:

My husband cheated on me with my cousin I confronted him in the street and told anyone that I will sleep with them tonight to get back at my husband for what he did. A male on the sidewalk had told me that he would have sex with me and my husband walked over to him and punched him in the face.

(Use additional pages as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law. Declaraciones falsas hechas aqui son castigables como una clase de delito menor, de acuerdo con la seccion 210.45 de la ley penal.

Refused
Victim/Deponent Signature
Firma de victima/deponente

12/23/12
Date
Fecha

Note:
Whether or not this form is signed, this DIR form will be filed with law enforcement.

Nota:
Si esta forma esta firmada, o no, esta DIR forma sera registrada con la policia.

Interpreter

Date

Witness or Officer

Date

Page
of



EVIDENCE WORK COMPLETED:

PHOTOS ☐ OTHER ☐

INCLUDE DETAILS IN NARRATIVE

**TROY POLICE DEPARTMENT
CONTROL/RESTRAINT REPORT**

DATE/TIME OF INCIDENT: 12/23/2012 0131 hrs	LOCATION OF INCIDENT: Broadway at Franklin St Alley	SUBJECT NAME/ ADDRESS/ PHONE # Fogarty, Francis A. Jr. / 17 Church Street Cohoes NY 12047
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**METHOD USED
(CHECK ALL USED)**

PERSONAL ☒
OCPPD ☐
BATON ☒
K-9 ☐
FIREARM ☐
PEPPERBALL ☐
BEANBAG ☐
TASER ☐
OTHER ☐

GIVE DETAILS OF METHOD(S)
USED AND MEDICAL TREATMENT
AND/OR DECONTAMINATION IN
NARRATIVE

REPORTING OFFICER: Ptlm K.J. JONESASSISTING OFFICERS: R. SmithTPD 120 ☒TPD 120 ☐TPD 120 ☐

WITNESS

NAME/ADDRESS/PHONE: _____

WITNESS

NAME/ADDRESS/PHONE: _____

WITNESS

NAME/ADDRESS/PHONE: _____

OFFICER(S) INJURED ☐

TREATED BY: _____

SUBJECT INJURED ☒TREATED BY: TFD

DESCRIBE DETAILS OF INJURIES
AND TREATMENT IN NARRATIVE.
IF SUBJECT SUSTAINED ANY
INJURIES BEFORE CUSTODY

CHECK HERE ☐

and
REPORT THE DETAILS ON THE
INCIDENT REPORT NOT IN THIS
REPORT

SUPERVISOR REVIEW:

Sgt. J. Carls 12/23/12 0600
SIGNATURE DATE/TIME

COMMANDER REVIEW:

Christina M. 12/29/12 0130
SIGNATURE DATE/TIME

INJURED SUBJECT AND/OR OFFICER REQUIRES
IMMEDIATE NOTIFICATION BY SUPERVISOR

NARRATIVE (SEE TPD 120 FOR ADDITIONAL ☒)

In reference to the above defendant I observed the defendant punch an unknown male on the sidewalk of above location. I exited my patrol car and ordered the defendant to stop fighting. I told the defendant that he was under arrest and ordered him to place his hands behind his back. The defendant refused to comply with verbal commands, continuing to yell obscenities at the unknown male with a clenched fist trying to further instigate a fight. I attempted to grab the defendant with both hands and force the defendant to the ground. I ordered the defendant to put his hands behind his back and told him that he was under arrest. At this time the defendant pulled his arms and hands away from me in an aggressive manner. The defendant's back was towards me and the defendant struck me in the face with a rear elbow strike. A female who I now know to be Sarah S. Fogarty, the above defendant's wife, pushed me and punched me in the back and shoulder trying to prevent me from arresting her husband. I ordered the female (Sarah S. Fogarty) to get back and with one arm pushed her away from me trying to hold onto the defendant. While my attention was diverted the above defendant thrashed out of my grip and fled on foot south in the Franklin Street alley. I pursued the defendant on foot ordering the defendant to stop. I caught up with the defendant on the sidewalk of State Street in the area of 2nd Street.

PTLM K.J. JONES 7840/216

REPORTING OFFICER SIGNATURE

ID#

DATE/TIME

PAGE 1 OF 2

IAB-18

Troy Police Department:
Supplemental Report

☐ CONTINUATION ☐ FOLLOW-UP ☐ SUPPLEMENTAL

CONTROL #:
131216

TYPE OF ORIGINAL REPORT: LAB-18	NAME OF SUBJECT: DEFENDANT Fogarty, Francis A. Jr	DATE OF ORIG RPT: 12/23/2012	DATE OF RPT: 12/23/2012
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I ordered the defendant to put his hands behind his back and to get on the ground. At this time the defendant was being forced to the ground by another officer. I noticed the defendant was holding an unknown black colored object in his hand. Once the defendant was on the ground his hands were under his body concealing the unknown black object. The defendant refused orders to put his hands behind his back. The defendant was moving around kicking his legs and appeared to be trying to get to his feet. Officer Smith was struggling with the defendant trying to pull his arms out from under him. I delivered two baton strikes to the defendant's upper arm and shoulder area for pain compliance while continuing to order him to place his hands behind his back. Due to the fact the defendant was moving around and trying to prevent officers from placing his hands behind his back one of the baton strikes inadvertently came into contact with the defendant's head. After the defendant was struck with the baton both hands and arms became free from under him and I was able to place the defendant in handcuffs. Once the defendant was placed in handcuffs all force was ceased. The defendant was treated by TFD at CS for a laceration to his head. TFD applied a bandage to the defendant's head. The defendant refused any further medical attention. It was determined the unknown black object the defendant was holding was a black colored cell phone.

CASE STATUS: ☐ UNFOUNDED ☐ OPEN/ACTIVE ☐ CLOSED/NOT CLEARED
 CLEARED AS FOLLOWS: ☒ ARREST ☐ WARRANT OBTAINED ☐ COMP. REFUSED PROSEC.
 ☐ DEATH OF OFFENDER ☐ OUTSIDE PROSECUTION ☐ JUVENILE

REPORTING OFF / EMP. #:
JONES / 7840

SECOND OFF. EMP. #:

APPROVING OFF / EMP. #:

PAGE:
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Troy Police Department:**Supplemental Report**☐ CONTINUATION ☐ FOLLOW-UP ☒ SUPPLEMENTAL

CONTROL #:

131212

TYPE OF ORIGINAL REPORT: CRR	NAME OF SUBJECT: DEFENDANT Francis A. Fogarty Jr	DATE OF ORIG RPT: 12/23/12	DATE OF RPT: 12/23/12
<p>On today's date at about 01:25 Hours R/O was working a Bodnar detail, roving patrol. R/O heard Officer Jones call out with a fight at Bootleggers and then a foot pursuit. R/O turned onto State St and observed the above subject run from the alley onto State St. and turn west toward 2nd St. Subject was on south sidewalk and R/O pulled up next to subject with window down. R/O gave subject verbal commands to stop or K9 would be released. Subject stopped running and had a black object against the right side of his face in his hand. R/O gave commands to subject to lay on ground and drop the object in his hand. The subject refused all commands. R/O then grabbed subject by the back of his neck with R/O right hand and forced him the the ground in prone position. R/O gave subject verbal commands to drop object and place hands behind his back. Subject refused all commands still. R/O grabbed onto subjects left arm and attempted to pull arm from under Subject. R/O pulled several times until arm came free and R/O placed hand behind subjects back. R/O held arm until handcuffed by Officer Jones. No further force required.</p>			
<p>CASE STATUS: <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> OPEN/ACTIVE <input checked="" type="checkbox"/> CLOSED/NOT CLEARED</p> <p>CLEARED AS FOLLOWS: <input checked="" type="checkbox"/> ARREST <input type="checkbox"/> WARRANT OBTAINED <input type="checkbox"/> COMP. REFUSED PROSEC.</p> <p><input type="checkbox"/> DEATH OF OFFENDER <input type="checkbox"/> OUTSIDE PROSECUTION <input type="checkbox"/> JUVENILE</p>			
REPORTING OFF. / EMP. #: R. Smith 7167	SECOND OFF. EMP. #:	APPROVING OFF. EMP. #: <i>[Signature]</i> 355	PAGE: 1 of 1